



RCE / JAW

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2009

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1,920.00)

Complete if Known	
Application Number	10/697,082-Conf. #9727
Filing Date	October 31, 2003
First Named Inventor	Kazuo Okada
Examiner Name	P. A. D'agostino
Art Unit	3714
Attorney Docket No.	SHO-0039

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 18-0013 Deposit Account Name: Rader, Fishman & Grauer PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Small Entity	
Fee (\$)	Fee (\$)

52 26

Each independent claim over 3 (including Reissues)

220 110

Multiple dependent claims

390 195

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
4	- 40 or HP	x	=	

HP = highest number of total claims paid for, if greater than 20.

<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
1	- 6 or HP	x	=		

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/50 =	(round up to a whole number) x	=	

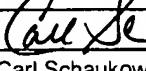
Fees Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity)

<u>Other (e.g., late filing surcharge):</u>	<u>1253 Extension for response within third month</u>	<u>1,110.00</u>
	<u>1801 Request for continued examination (RCE) (see 37 ...</u>	<u>810.00</u>

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	29,211	Telephone	(202) 955-3750
Name (Print/Type)	Carl Schaukowitch			Date	April 2, 2009



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Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
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Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Fee Description	Small Entity Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
4	- 40 or HP	x	=	Fee (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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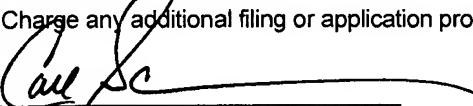
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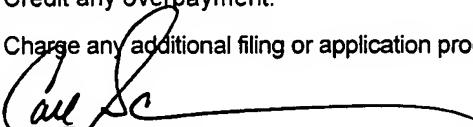
Other (e.g., late filing surcharge): 1253 Extension for response within third month 1,110.00
1801 Request for continued examination (RCE) (see 37 ... 810.00)

SUBMITTED BY		Registration No. (Attorney/Agent)	29,211	Telephone	(202) 955-3750
Signature	<u>Carl Schaukowitch</u>				
Name (Print/Type)	Carl Schaukowitch		Date	April 2, 2009	



AMENDMENT TRANSMITTAL LETTER				Docket No. SHO-0039	
Application No. 10/697,082-Conf. #9727	Filing Date October 31, 2003	Examiner P. A. D'agostino	Art Unit 3714		
Applicant(s): Kazuo OKADA					
Invention: GAMING MACHINE					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	4	- 40 =		x	
Independent Claims	1	- 6 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within third month; Request for continued examination (RCE) (see 37 CFR 1.114)					1,920.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					1,920.00
<input checked="" type="checkbox"/> Large Entity			<input type="checkbox"/> Small Entity		
<input type="checkbox"/> No additional fee is required for this amendment.					
<input checked="" type="checkbox"/> Please charge Deposit Account No. 18-0013 in the amount of \$ 1,920.00					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 18-0013 as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Dated: April 2, 2009					
Carl Schaukowitch Attorney/Agent Reg. No.: 29,211					
RADER, FISHMAN & GRAUER PLLC 1233 20th Street, N.W. Suite 501 Washington, DC 20036 (202) 955-3750					



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Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				
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TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:				1,920.00
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 Dated: April 2, 2009				
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